The Role of the Military Treatment Facility (MTF) in the Case Management Process

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Objectives

- Case Management is viewed as a key to meeting complex healthcare needs.
  - This workshop will focus on the importance of Case Management and the value of MTFs, MCSC, and Lead Agent staff working to develop and implement successful programs.
    - Participants will be able to:
      - Describe Case Management as defined by the Department of Defense.
      - Share 3 functions of Case Management at the MTF level.
      - Discuss the differences between Case Management and Disease Management.

What Is Case Management?

- A collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet complex health needs through communication, and available resources to promote quality, cost-effective outcomes.

Functions

- Streamline care
- Reduce fragmentation
- Improve quality
- Reduce cost

Components of Case Management

- Comprehensive assessment
- Planning
- Implementation
- Monitoring
- Evaluation of options and services

Case Management Activities

- Resource development
- Financial accountability
- Social action
- Advocacy
- Data collection/analysis
- Information management

Components of Case Management

- Client identification/engagement
- Bio-psychosocial assessment of the client
- Development/implementation of the individualized case management plan

Components of Case Management (Cont.)

- Client advocacy (creating, obtaining, brokering needed resources)
- Coordination/monitoring of service delivery
- Reassessment of client status
- Termination

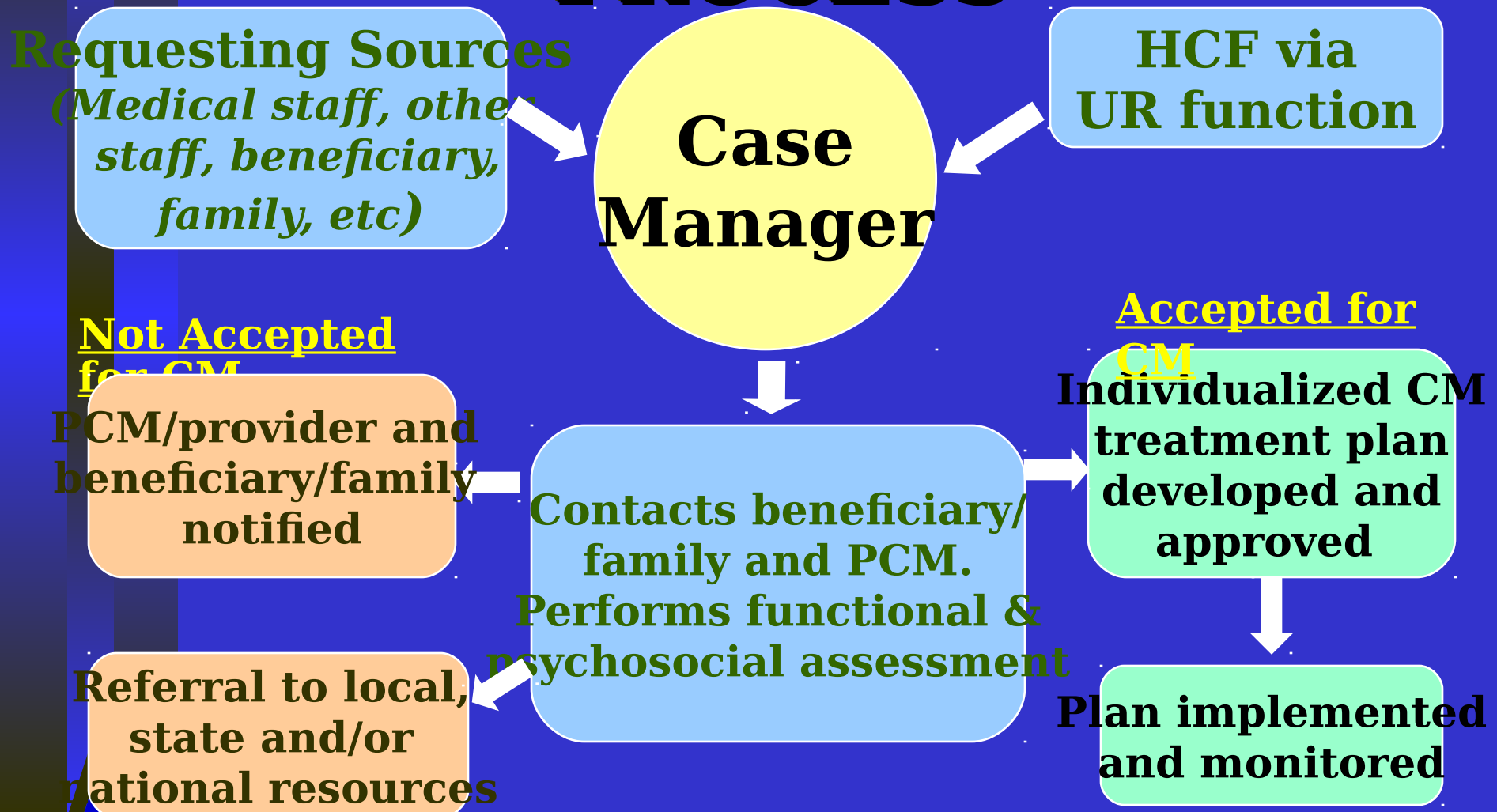
Comprehensive Assessment

- Biopsychosocial assessment
  - Living conditions (family dynamics)
  - Environment
  - Social setting
  - Financial and community resources
  - Funding sources
  - Medical condition
    - On-going evaluation of progress towards goals
      - Evaluated twice weekly for inpatients
      - Quarterly for outpatients (MCSC: monthly)

CM Qualifications

- Licensed RNs
- Licensed or medical social workers
- Advanced practice nurses in the appropriate specialty
- 2 years clinical experience in appropriate clinical specialty

Case Management (CM) PROCESS



- “Patients will be accepted into case management when there is a reasonable expectation that the Case Manager can develop a plan of care, including all medically necessary services and supplies required by the beneficiary, that will be cost effective compared to the Basic CHAMPUS Program, including coordination of benefits with other health insurance”.

  COM-FI, Chapter 20, 2.20.E-8

catastrophic illness or injury such as spinal cord injury, head injury, major burns, high risk pregnancy, high risk neonates transplants, etc. , case management is most successful when the process is initiated as early as possible following the onset or

progressive diseases (e.g., cancer, neoplasms, AIDS), intensive case management may not be indicated in the early, uncomplicated stages.

****A less intense form of case management may be indicated to establish goals, institute teaching, and form relationships before the patients needs become complex. It may be well***

CM Treatment Plan

- Comprehensive assessment
- Multidisciplinary
- Individualized
- Specific treatment goals, services needed, and expected duration
- Patient and family involvement
- Physician approval
- Developed within 10 days of acceptance into CM

Monitoring and Updating the Treatment Plan

- May require at least 1 site visit
  - within 30 days of beginning CM
    - Assess family situation
    - Facilitate development of treatment plan
- May require weekly telephone or direct contact with family
  - to continually monitor and update plan
- Open Communication
  - Between service providers
    - Telephone contacts, personal meetings, individual and group discussions and sharing of written records

Resources

- **Personal**
- **Military**
- **Local**
- **State**
- **Federal**

Military Resources

- Family Service Centers
- Relief Societies
- Chaplains
- Family Advocacy
- Case Management
- Ombudsmen
- Program For Persons With Disabilities (formerly known as The Program for the Handicapped)
- Exceptional Family Member Program (EFMP)/Special Needs Program
- Mental Health Providers

Case Management Program Evaluation

- Evaluated annually (clinical and fiscal indicators)
  - Reduction of readmission
  - Reduction in length of stay
  - Use of more appropriate levels of care
  - Cost avoidance

- Source: TMAR2 UM Plan

TMAR2 Vision For Case Management

- A standardized, adaptable, flexible program for all MHS beneficiaries
  - One program appealing to all uniformed services optimizing internal military resources and increasing access to care
    - Complex, chronic, catastrophic cases
- Two components
  - Direct care
  - MCSC
- Oversight and guidance by TMAR2

Lead Agent Responsibilities

- Understand contract requirements, monitor and correct deficiencies
- Work with contractors to identify and overcome barriers to success at both the regional level and interregional level
- Educate MTF Providers to value of CM
- Advocacy, Advocacy, Advocacy!!!!!

MTF Responsibilities

- Read the Contract and know the requirements
- Identify physician champions
- Coordinate a multidisciplinary team
- Market, Market, Market
- Work to overcome barriers to success
- Who Wins?

DoD Population Health Improvement Plan

- **Condition Management:**
  - Health promotion
  - Illness prevention
  - Illness Care
    - Disease Management
    - Case Management
      - Broad-Based CM: Little DoD attention
      - ICMP-PEC Case: Much DoD attention

Physicians and Case Management

- **Physicians and others often confuse Case Management with Disease Management**
  - **Both share common elements but are distinctly different processes with different goals**
- **Some physicians are reluctant to transfer Case Management authority or control**
- **Once physicians understand the value of Case Management they want more of it**
- **Some physicians become Case Management Champions**
  - **Educate the MTF providers**
  - **Identify Champions**

Case Management

- Patients with confounding multiple complex problems
  - May have one or many complex"diseases"
    - Not merely DoD list of catastrophic illnesses
  - Goal is adoption of cost-effective strategies for provision of integrated necessary services
  - Maintenance of function is a focus; deterioration is more predictable; self management a goal
  - Once in place, periodic review is warranted
  - May have recurrent inpatient needs and usually begins with inpatient identification

Disease Management

- Patients with a single disease: Asthma, DM, etc.
  - Usually not patients with confounding illnesses
  - Prevention, education & daily self-management
  - Interventions: prospective/concurrent/ongoing
  - Usually clinical pathway-based
  - Prevention of deterioration is an achievable goal with normal life expectancy possible/likely
  - Focus is on a breadth of services, decreasing interventions and need for acute services
- Ideal tool in resource-constrained environment

Outpatient Case Management Goals

- **Detect/Intervene in Medical Conditions**
- **Facilitate Interdisciplinary Planning (Collaboration)**
- **Coordinate Care**
- **Minimize Complications**
- **Improve Satisfaction**
- **Provide Cost-effective, High- quality Care**

Outpatient Case Management

HEALTH CARE CONTINUUM

Primary	Ambulatory	Acute	Tertiary	Home	Long Term	Hospice

Primary Prevention Stressed

- education classes - nutrition counseling
- risk screening - immunizations
- promoting healthy life styles - prenatal care - mammography
- self care - pharmacy reviews

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Individual Case Management Program for Persons with Extraordinary Conditions

ICMP-PEC

29 March 2000

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ICMP-PEC

- A waiver to benefit limits program
  - Impacts only a small minority of beneficiaries
  - ICMFR published 12 Feb 99; implemented 15 Mar 99 >>> processes not well defined
  - FY 2000 DoD authorization/appropriations legislation modified considerably
  - 29 March HA Policy added clarity and created a **Respite Care Benefit** for ADSMs
- The ICMP-PEC does not address traditional CM affecting thousands of beneficiaries

Prioritized Intra-regional CM Issues

- Clearly define case management: what it is and what it is not in our contract, and market to the region
- Evaluation of intra-regional CM processes
  - Soup to Nuts approach
- Accessing new or intermediate services and obtaining waivers to benefit limits
- Marketing CM services to beneficiaries
- Mental health CM challenges and confidentiality

Prioritized Intra-regional CM Issues

- Lack of Pharmacy integration into CM process
- Out-of-region beneficiaries requiring CM services in TRICARE Mid-Atlantic region
- Enhancing the quality of monthly CM reports to improve utility at the MTF level
- Cost benefit of CM services: cost savings versus cost avoidance
- MTF specific CM initiatives external to our contract; CM is not Clinic Coordinator function

Prioritized Inter-regional CM Issues

- Regional variability of contractual CM services; the national mosaic/Contractor & LA POCs
- Inter-regional care/transfers: coordination via the mosaic
- Expanding TRICARE benefits across the broader range of CM services not just for ICMFR patients
- Role of MMSO in CM
- TRICARE/Medicare/OHI overlapping coverage and variable benefits structure
- NATO/PFP personnel & family members
- Understanding the ICMP-PEC

Prioritized Inter-regional CM Issues "Under TMA Control"

- **Regional variability of contractual CM services; the national "mosaic"/Contractor & LA POCs**
- **Expanding TRICARE benefits: Expansion of benefits processes**
- **Understanding the ICMP-PEC**
- **NATO/PFP family members**
- **Inter-regional care/transfers: "mosaic" coordination**

Prioritized Inter-regional CM Challenges

- **Still to evaluate:**
  - **Role of MMSO in CM: Does MMSO really provide CM services?**
  - **Medicare/OHI/TRICARE overlapping coverage and variable benefits structure**
  - **Case Management as a voluntary program instead of a mandatory program**

Other TMAR2 CM SUCCESSES

- Annual Lead Agent Case Management Seminar
- Regional CM Work Group
- Specific focus on military unique Discharge Planning and CM considerations
- Successful implementation of PFPWD
- Joint Services EFMP Committee chartered

Treating people with dignity and respect is as important as quality healthcare.

THANK YOU

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